MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) SERIAL NO. | FILING DATE | 10 | 551 | 583 | 9.29.05 | APPLICANT(S)

وروان المساورات			ψ			
	AS F	ILED	AFTER CAMENDMENT.		AFTER 1 MAMENDMENT	
7	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2 .						
3						•
<u>4</u> -					·	
6	- , , - ,					
7						
8		-	~			
9						
10	· · ·	-4				
11					·	
13						<u> </u>
14						
15						
16						
17 18						
19				<u>_</u>		·
20 21	<u> </u>					
21					;	
22 23						
⁻ 24		'				
25						
26						
27						
28 - 29						
30 .				-		
31						
32			-,			
33			-			
35	-					
36						
37						·
38 39			<u></u>			
40						
41		1		in and		
42						
43						
44 45						
46	·			····		
46 47						
48						
49 50						
50						
TOTAL IND.	2	1	٠,	4		
TOTAL DEP	8	4		4		4
TOTAL CLAIMS	(F)					

10-114 (REV. 1104)

AS .			•				
	AS FILED		CAME	TER HDMENT	AF mare	AFTER	
4	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51						Dist.	
52							
53 54							
54							
55 56	·						
<u>50</u>							
58			·				
59			7			ļ	
60					-		
61							
62		<u> </u>					
63 64							
65							
66							
67				· · · ·			
68							
69							
70 71						<u></u>	
72						·	
73							
74					·]		
75						-	
76		-					
78				<u></u> -		· · · · · · · · · · · · · · · · · · ·	
79							
80							
81							
82							
83 84							
85							
86	.]						
87				1			
88 89.							
89.							
90							
91 92 93							
93				<u> </u>			
94 95							
95							
9.6							
97						<u> </u>	
98 99	- -			<u></u> -			
100							
				-		i i	
TOTAL IND.		*		*+	<u></u>	*	
1.0100001	··-	42				40	
TOTAL CLAUNS							

U.S. DEPARTMENT of COMMERCE Facoul and Tradomark Office

Charitte Burt

BEST AVAILABLE COPY